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	STATE OF MISSOURI
	MONTHLY EXPENSE REPORT

FOR MONTH OF OF **PAGE** DEPARTMENT/DIVISION OR INSTITUTION

THE WHITE AREAS MUST BE COMPLETED. THE GRAY AREAS ARE OPTIONAL FOR AGENCY USE. SEE INSTRUCTIONS ON BACK. EMPLOYEE NAME (LAST, FIRST) VENDOR CODE (SOCIAL SECURITY NUMBER) WORK PHONE NO. UNIT/COUNTY LOCATION CODE OR DOCUMENT NO. OFFICE ADDRESS STANDARD FLEET BREAK-DATE FROM/TO & PURPOSE LUNCH DINNE LODGING MISC.\* **TOTAL** R.R. MILES MILES FAST AIR TOTALS OF ABOVE **TOTALS FROM OTHER PAGES TOTAL STANDARD MILES** ¢ PER MILE ΑT .37 **TOTAL FLEET MILES** ΑT .260 ¢ PER MILE TOTAL INSTATE TOTAL OUTSTATE **TOTAL REIMBURSABLE EXPENSE** \* EXPLANATION OF MISCELLANEOUS DATE hereby certify the above claim is correct, that these expenses were necessary to conduct state business, that payment has been made from personal funds for which I have not been reimbursed, nor will I receive from any source any payment for these expenses. APPROVAL SIGNATURE CLAIMANT SIGNATURE DATE Jan 21, 2010 TITLE DATE APPROVED TITLE OFFICIAL DOMICILE VERIFIED BY AND DATE FUND AGCY APPR UNIT OBJ/SUB ORG/SUB ACTIVITY FUNCTION JOB NUMBER REP CAT AMOUNT CODED BY AND DATE CK CATEGORY